



**The Center of Clayton**  
**Authorization Agreement for Monthly Membership Payments**

Member Name (Please Print) \_\_\_\_\_

**☐ ACH Debits**

Name on Account if different than member (please print) \_\_\_\_\_

Depository (Bank) Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings (Attach copy of voided check)

**☐ Credit Card Charge** ☐ MasterCard ☐ Visa

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Account if different than member (please print) \_\_\_\_\_

I (we) hereby authorize **The Center of Clayton**, hereinafter called **COMPANY**, to initiate debit entries to my account listed above at the depository financial institution named above, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it. All termination requests received by the 25<sup>th</sup> of the month will end the last day of the current month. Termination requests received after the 25<sup>th</sup> of the month will end the last day of the following month. \_\_\_\_\_ (Member Initials)

Monthly drafts will be submitted for payment beginning the 1<sup>st</sup> of each month. Circumstances may arise out of our control (ex: bank holidays) that may cause a delay in processing. However, all attempts will be made to withdraw membership dues within the first seven business days of each month. Any discrepancy to my (our) account must be noted to the **COMPANY** promptly. I (we) understand refunds will not be issued for discrepancies over 90 days. \_\_\_\_\_ (Member Initials)

Members who age into a different membership category will be automatically transferred to that category and drafted at the new category rate. \_\_\_\_\_ (Member Initials)

**Resident and Corporate Members:** I (we) understand that an unexpired Clayton Advantage Card must be on file to receive Resident or Corporate rates. I (we) also understand that our membership category will be automatically transferred to the Non-Resident category and drafted at the Non-Resident category rate if my Clayton Advantage Card expires or becomes invalid. \_\_\_\_\_ (Member Initials)

The Center of Clayton will access a service charge for any automatic withdrawal returned for any reason. I (we) understand it is my (our) responsibility to notify the **COMPANY** of any account changes.

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

\_\_\_\_\_  
Authorized Signature of Account Holder

\_\_\_\_\_  
Date